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the baby had a very hard prolonged paroxysm, relieved by hyperextension, contrary to the usual treatment.

The next day a chest X-ray was taken with the result that radium was immediately applied. The baby was discharged, against advice, but was cured of his respiratory embarrassment.

Cases Nos. 6 and 7: These were uneventful cases of enlarged thymus. Both babies came in with histories of malnutrition and possible pyloro spasms. Chest X-rays showed enlarged thymus glands, followed by treatment with radium and the result was that the babies went home cured.

A nurse can be of great assistance in both the diagnosis and treatment of a case of enlarged thymus. The symptoms valuable to diagnosis may occur only at feeding time, when the observant nurse will hear the squeak, see the cyanosis (sometimes this is lacking), and observe the difficulty in swallowing which, when reported, may enlighten the doctor in an otherwise puzzling case.

STAGES OF NURSING IN CHINA

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On comparing the history of nursing in western lands with that in China, one is impressed by the similarity of the two in more ways than at first seem possible. To be sure, nursing in China, real nursing, is measured by decades rather than by centuries. A "curve of progress" would be entirely upward, for as yet there has been no retrogression since nursing was first established,—no "Dark Ages," as in Europe. Before westerners entered the country, there was no nursing worthy of the name. Though China has a well developed medical system of her own, no nurses are a part of it, and it is empiric, not scientific. Such little nursing as was done was the informal care taking which will always be done in homes by wives and mothers, but this is not a profession, and does not make history. Even this, however, is principally conspicuous by its absence, for the majority of the people have for some centuries been either Bhuddist, or Taoist, or both at once. Bhuddists consider sickness as one form of punishment for sins of a previous incarnation; Taoists consider that the patient has in some way incurred the wrath of one of the innumerable deities, or has been put under a spell by an enemy. Consequently, even nursing care might interfere with divine plans, and so except for priestly treatment, with or without a doctor's prescription, the patient, if too weak to walk, is generally left without anything more than mere waiting on.

Introduction of Nursing,—The first nursing in northern Europe, England, and Germany, was introduced from Rome by missionary priests, nuns, and deaconesses. Where the monks went, the knowledge of nursing went, too, and dispensaries were opened. Nursing in Canada was introduced by the Augustinian Sisters who came from France for this purpose. Nursing was introduced into the United States, first, by the early colonists; and the modern system, from various sources from England. In each case foreigners brought the art into the country. So, when we see nursing brought to China, too, by the foreigner, we have but another instance of history repeating itself. The first hospital in China for Western medicine was opened by Dr. Peter Parker, in Canton, in 1835.

Introduction of Nursing by Religious Agencies,—Another similarity in the growth of nursing in China to that in the West is that in both cases it was introduced by religious agencies. To northern Europe and England it was brought by priests and nuns of the Church; to Canada by nuns, to Mexico by monks. In China it was introduced by missionaries, both in Dr. Parker's hospital, mentioned above, and in the north, in Peking, in 1862.

At First No Real Hospitals, but Hostels and Dispensaries,—Early hospitals in Europe were not hospitals, in our sense, but were shelters for the traveler, refuges for the needy, including also almshouses, and dispensaries in the monasteries. The care of the sick was incidental. Rotha Mary Clay, in *Mediaeval Hospitals of England*, says, page 17, "The hospital was an ecclesiastical, not a medical institution. It was for care, rather than for cure. * * * A number of the early foundations were, in the main, houses of hospitality for strangers. * * * The hospital, derived from *hospes*, a host or guest, was a wayside shelter for all comers." Dispensaries were early established in the monasteries, where the cloistered orders did not go out among the people, but treated the sick who were brought to them. Just so, in China, at first, there were no hospitals in our modern sense, only dispensaries, or what were practically hostels. This is partly because there are often no nurses to help the doctors, and also because, until some cures have been proved, the Chinese fears to entrust himself to the new and untried foreigner. Often at first, even yet, in a new community, the hospital is practically a hostel, with patients' friends caring for them, the patients afraid to be left alone, and the friends afraid to leave them alone.

No Schools of Nursing at First,—The growth of schools of nursing is a comparatively new thing in Europe and America. Nursing in the mediaeval days was in the hands of monks and nuns, and

novitiates were taught as apprentices by older sisters or priests, with occasionally an informal lecture, but there were no real schools. In England, the first nursing was done by the missionary nuns; in Canada, by the nuns. So in China, to-day, in many places, the foreigner does what nursing is done, though he may train a few "dressers," or assistants to take temperatures.

Qualifications of the First Nurses,—In mediaeval Europe the qualifications of those admitted to the nursing orders were of character and religion, rather than of education. Similarly in China, since the introduction of nursing, many hospitals require Christianity as practically the only qualification for admission to the student body.

Nursing Not Regarded as a Specialty at First,—In reading of English hospitals in the time of John Howard (eighteenth century), one sees mention of a circular letter asking that the nurses be instructed to preach to, and do personal work with, the patients. The mendicant orders were not only to treat the sick, but to preach. The Kaiserswerth deaconesses not only nursed, but cared for orphans or discharged prisoners, and did Christian work, social service work, industrial work, etc. So, too, in China to-day, in most hospitals, nurses are to preach as well as nurse. Here is the daily program of one hospital for its nurses:

6.30 a. m., On duty, patients' toilets and bed making; 7.30-8.00 a. m., Personal work with the patients; 8.00-8.30 a. m., Breakfast for patients and nurses; 8.30-9.00 a. m., Quiet hour; 9.00-9.30, Morning prayers; 9.30 a. m.-12.00 m., Baths, treatments, dispensary; 12.00-1.00 p. m., Dinner for nurses and patients; 1.00-2.00 p. m., Quiet hour; 2.00-5.00 p. m., Bible classes and personal work for nurses, patients, and employees; 5.00 p. m., Supper; 5.30 p. m., Night toilets; 7.00-7.30, p. m., Evening Prayers; 7.30 p. m., Night nurses on duty.

Rounds are made twice a week, and operations are done once a week, converting the patients being considered the most important duty of nurses and doctors. In talking with many missionaries who are nurses, the similarity of their lives to those of Friederike and the Kaiserswerth deaconesses will be noticed. Some of them go off on evangelistic tours into the country. Many of them do other work than that in the hospital as a regular part of their duty. Some manage orphans, some are Bible women, some teach in Sunday School and work with children during the week, some help in women's work. Those doing hospital work, only, are the exceptions rather than the rule. Of course this is due to the fact that the hospital is considered an evangelistic agency, and nurses as well as others must do their part in carrying out its prime purpose.

Conditions of Work,—Hours of duty for nurses have always been long in hospitals, from ancient times, and are still too long in most modern hospitals in both Europe and America. Within a very few years twenty hours was not considered too long a day in good hospitals, especially for obstetric work, and fifteen or eighteen are still required of special nurses in some places. It is probably a reflection of these conditions which makes the long hours in hospitals in China so frequent,—twelve hours being the rule rather than the exception. One nurse, on first arriving in China, exclaimed at this, and was told that “Chinese nurses do not work as hard as those at home, so they must work longer hours to make up.” Sometimes there is trouble when the nurses’ off duty hours are not sufficiently occupied, and troubles and dissatisfaction occur, but the remedy for such a state of affairs should be positive, rather than the negative one of forcing the nurses to further duty to keep their time filled. Give them some outside interests, like study, exercise,—teach them how to play, besides Y. W. C. A. or Y. M. C. A. work, and they will take all the better care of their patients when on duty. If this is necessary at home, how much more so in China!

Men and Women Nurses,—In the old monasteries of Europe, men nursed the men patients; women, the women patients. It is still done in some European countries, notably in Norway. It has been done from ancient times. In China this is still the *sine qua non* of any reputable school of nursing. The great subject for discussion between radicals and conservatives to-day is as to when women nurses may be put on the men’s wards. Too early a change would delay the progress of nursing a generation or more. The question is not acute, as in most western countries, because the class of men nurses is generally superior to that seen there, especially in America or England.

Influence of the Medical Profession,—The regeneration of nursing in Europe owed much of its impetus to physicians. German doctors agitated for reform during the Dark Ages of nursing, in the seventeenth and eighteenth centuries, the Sorbonne promulgated improvements, English physicians put forth schemes for betterment,—American men were not behind when their time came. Dr. Dieffenbach, of the Charité Hospital published a manual for nurses which was the standard for some time. Other manuals were written, and schools for attendants were opened by the doctors, at the Charité and in other places. In the same way in China (perhaps partly too, because women nurses were late in arriving from the West), the doctors began training the nurses, and are still training them in many places. In Central China, the physicians established a union system of examination to raise the standards of education.

First Schools of Nursing Opened by Women Doctors,—The first schools of nursing in both America and China seem to have been opened by women doctors. In America, the school in the New England Hospital for Women and Children first took form under Dr. Zabrowska,—the first real school in the country. The New York Infirmary for Women and Children was about this time trying a school under Dr. Elizabeth Blackwell. In China, Dr. Combs began instructing nurses in Pekin, in 1873 (Smith, Rex Christus, p. 112). Dr. Fulton and Dr. Niles early established a school in Canton. Dr. Mary Stone's hospital and school in Kiukiang is well known, and a few years ago Dr. Ida Kahn had a school in Nanchang, Kiangsi.

First Nursing Textbooks Written by Doctors,—The first textbooks for nurses, in both Europe and China, were written by doctors. One of these early European ones, Dieffenbach's Manual, was used for study by the deaconesses at Kaiserswerth. In China, Hampton-Robb was translated by Dr. Eleanor Chesnut, and was published, first, in 1909.¹ In materia medica, Miss Stimson's Drugs and Solutions has been translated by Dr. Harry Taylor. DeLee's Obstetrics for Nurses was translated by Dr. Phillips of Pekin.

A Vocation for Women,—The career of a nurse has, since the time of Christ, offered an opportunity for the emancipation of women. To be sure, during the mediaeval period the women nurses were chiefly nuns, and thus had two vocations in one. The importance of the nurse's calling as a career was reiterated after the rescue of nursing from the Dark Ages by Florence Nightingale. Practically the only honorable calling open to women for some centuries previous to that, had been marriage, and the lot of the spinster had been sad indeed. China, to-day, is proving this truth over again. No Chinese woman of a few years ago, or even of to-day, among conservatives, had anything but marriage open to her, living in the house of her husband's family, under the rule of her mother-in-law. Teaching and nursing are now recognized by the more progressive Chinese as opportunities for a girl to earn her own living, but even yet the girls must be accepted very young from preparatory schools; in nursing schools especially young, in comparison with home standards, to prevent their being married and lost to the profession altogether. Sixteen or seventeen years is the average age of admission to most nursing schools in the Republic. In fact, the Nursing Association of China was obliged to make the age for taking its examinations at the close of a nurse's training twenty years, in order not to exclude nurses of most schools.

¹ Eleanor Chesnut was a graduate nurse as well as a physician, class of 1891, Illinois Training School.

Opposition to "the Overtrained Nurse"—Opposition to teaching the nurse "too much," for fear that she will usurp the field of the doctor, is still met in the West, and of course could not be absent in China. It is felt most, however inconsistently, among those who, in an emergency, will turn to the foreign nurse to do almost everything, expecting her to manage a hospital without a doctor for weeks at a time, conduct a dispensary, diagnose and treat the cases herself, and so on. Do these opponents of education feel, perchance, that though foreign nurses' education is beyond their control, they still have a chance to impress themselves on that of the Chinese nurses?

Effect of War,—Progress in nursing in the West has come as a result of many wars, the Crusades, the Thirty Years' War, the Napoleonic Wars of 1812-1815, and above all, of the Crimean War. So in China, the Revolution of 1911 brought a greater interest in nursing, allowed women nurses to care for men patients among the wounded soldiers, and improved the class of applicants for nursing schools. Previous to this war, as for instance the Sino-Japanese War of 1894, or the Russo-Japanese War of 1904, not enough teaching of Chinese nurses had been done to allow any effect to be seen. Most schools of nursing in China to-day are not more than five years old. The frequent rebellions of the last few years have induced some nurses to leave home for Red Cross work, the Siberian disorders have occupied some more, and some have even gone to Europe to help with the Chinese Labor Battalion. Thus China is no exception to the general rule in the effect of war on its nursing activities.

Progress of the Profession,—The progress of the nursing profession is eventually in the hands of the nurses themselves. When, as in America and Europe, they demand education, higher standards, legislation, and organize to this end, then progress is real and sure. Where they do not, as in Germany and Italy, the profession does not advance. In China the Nurses' Association was organized in 1909, and since then uniform examinations have been established for the eighteen provinces, a curriculum corresponding to home standards laid down, and the profession brought to general recognition, as witness: the welcome of the Nurses' Association at its convention in Peking in 1915, by President Yuan Shih K'ai himself; the nurses being sent with the Labor Battalion to Europe in 1917 and later; articles in the Chinese newspapers reporting the Nurses' Association conventions of 1914, 1915, 1916; and also professional recognition,—nurses holding Nurses' Association diplomas are preferred in most hospitals. The waiting list for positions of graduates of registered schools is much greater than the number of graduates. Usually a class has

every one of its members spoken for long before graduation, and a waiting list of twice as many positions is in the Principal's files.

The nursing organizations of Europe and America have proved by this time that they will live. They have a firm educational background, particularly among the more advanced members, they have freedom for development along their own lines, with elasticity allowing for growth, they are on a sound economic basis of self-support, and they have within themselves the elements of growth. Is this true also in China? It is still somewhat early to make a definite statement. The profession in China is yet in its infancy. The majority of the members of the Nurses' Association are still foreigners. The future of the profession has not yet left the hands of its foreign teachers, and they can mould it as they will. More translations of nursing textbooks, and a better grade of instruction in schools of nursing, are the first requisites, to provide the firm educational background. When that has been done, the Chinese, who have always respected education, putting the scholar as the first of their social classes, should know how to keep up standards. There is considerable organizing ability among them. The students in schools carry on their own sports, entertainments, etc., if they have once been given a model, and usually they can improve on this model. The future of nursing in China rests with those nurses at home who are willing to work for it. Shall we allow Dark Ages to intervene, or shall we see that progress continues steadily upward?

THE NEED FOR MORE AND BETTER TUBERCULOSIS NURSES

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The demand for nurses trained for tuberculosis nursing is increasing daily and the supply, unfortunately, is very inadequate.

The fact that 150,000 persons die annually from this disease in our country is awakening the people to the need of tuberculosis sanatoria, of hospitals built especially for combating this disease, of doctors, and nurses specially trained for this purpose.

Tuberculosis nursing is gradually becoming recognized as a special branch of nursing, but not one by itself. A nurse trained in tuberculosis only, is greatly handicapped if she does not have some knowledge of the care of general diseases. The reason for this is that tuberculous patients may present any number of complications and